

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Hoshida	Sandra	Y.	(808) 543-9491
MAILING ADDRESS (Street)			FAX
P. O. Box 3288			(808) 543-9450
(City)	(State)	(Zip Code)	
Honolulu	HI	96801-3288	
EMPLOYING ORGANIZATION (Fill in only if you are o	employed by a business entity which has been	retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

PART II ORGANIZATION						
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE				
Moana Pa`akai, Inc., dba Hawaiian Tug and Barge		(808) 543-9311				
MAILING ADDRESS (Street)		FAX				
P. O. Box 3288		(808) 543-9458				
(City)	(State)	(Zip Code)				
Honolulu	HI	96801-3288				
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE				
P. Roy Catalani		(808) 543-9409				
MAILING ADDRESS (Street)		FAX				
P. O. Box 3288		(808) 543-9458				
(City)	(State)	(Zip Code)				
Honolulu	HI	96801-3288				

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	🗹 Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATION	ON OF LOBBYIST				
I hereby certify that th	ne information furnished abov	e is, to the best of my knowled	lge, correct and complete.		
Saudraly Hospide 12.2		28.06			
(Signature of Lobbyist)			(Date)		
PART V AUTHORIZAT	ION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Glenn K. Y. Hong		President			
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Moana Pa`akai, Inc., dba Hawaiian Tug and Barge			(808) 543-9322		
MAILING ADDRESS (Street)			FAX		
P. O. Box 3288			(808) 543-9458		
(City)	(State) (Zi		(Zip Code)		
Honolulu	ні 96		96801-3288		
I hereby authorize the ਕੁਖ਼ਾਨ੍ਰਾve - named person to engage in lobbying activities on behalf of the undersigned.					
	lu de		12/29/06		
(Signature of Authorizing Officer or Person Represented)		(Date)			

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